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**BORDER RURAL DISTRICT COUNCIL**

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**ANNUAL REPORT**

of the

**MEDICAL OFFICER OF HEALTH**

and

**CHIEF PUBLIC HEALTH INSPECTOR**

**FOR THE YEAR**

**1963**



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FOR THE YEAR

1963

## HEALTH DEPARTMENT STAFF, 1963

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K. J. THOMSON, M.B., Ch.B., D.P.H., L.M., Medical  
Officer of Health.

J. HILL, Cert.S.I.J.B., Meat and Food Inspector's Certificate.  
Chief Public Health Inspector and Housing Manager.

H. WILSON, Cert.S.I.J.B., M.R.S.H., Meat and Food In-  
spector's Certificate. Senior Additional Public Health  
Inspector.

P. WILSON, Cert.P.H.I.E.B., Meat and Food Inspector's  
Certificate. Additional Public Health Inspector.

HENRY JOHN HILL, Trainee Public Health Inspector.  
(Appointed 27th May, 1963.)

## **BORDER RURAL DISTRICT COUNCIL**

5, Victoria Place,  
Carlisle.

August, 1964.

To the Chairman and Members of the  
Border Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my Annual Report on the health of the community for the year 1963.

The population as estimated by the Registrar General at mid-year 1963 was 30,740 being an increase of 550. Over the years 1962/63 the population has increased by 1,260 due chiefly to the development of Dalston as a residential area and to the increase of technical staff employed at Spadeadam and who reside in Brampton.

The corrected Birth rate of 18.7 per thousand of population is a little lower than for the previous year and is above the National rate of 18.2.

The corrected Death rate of 14.4 per thousand of population shows a very distinct increase over the figure of 11.9 recorded in 1962 and is above the England and Wales figure of 12.2. The Infantile Mortality rate of 25.3 per thousand live births is an improvement on the 1962 rate of 29.8, but remains above the England and Wales rate of 20.9.

Infectious Disease notifications totalled 280, compared with 112 in 1962, and of this total no less than 271 were due to Measles. It is interesting to report that no notified case of Sonnei Dysentery was received despite the fact that this disease is endemic in the country.

In my report I have dealt fairly fully with water supplies of the Rural area, which of course are under the control of the Carlisle City Authority. There has been a distinct improvement in the quality and quantity of water supplied

to the Rural area and it will be noted from Mr. Millroy's remarks, Water Engineer to the City, that the future supplies to the Border area will be very definitely increased and improved.

Several Sewerage schemes commenced in 1962 were completed during the year and a fuller description of these is given within the body of the report by Mr. Skerry, Engineer and Surveyor.

Mr. Hill, Chief Public Health Inspector and Housing Manager, has dealt very fully in his report regarding housing matters. It will be noted that some progress was made with regard to slum clearance, although much still remains to be done. The housing waiting list, which was reviewed during the year, contains 566 applicants although this does include many who live outside the area. I would refer members to Mr. Hill's comments on the Barras House, Dalston scheme on grouped flatlets for elderly, partially dependent persons with warden accommodation. This has proved, I think, very satisfactory and on the whole the scheme has worked very well. A further scheme was started before the end of the year in Brampton, of similar nature, and these schemes undoubtedly fulfil a very definite need for this type of person.

I would again thank the Chairman and Members of the Council for their interest and support in all health matters. To all members of the Council staff, and especially to those in the Health Department I extend my grateful thanks for their ever willing help and co-operation.

I am, Ladies and Gentlemen,

Your obedient servant,

K. J. THOMSON,

Medical Officer of Health.

## STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area of District in Acres ... ..	248,860
Registrar General's estimate of resident population at mid-year 1963 ... ..	30,740
Number of Inhabited houses (according to Rate Book) ... ..	8,932
Rateable Value ... ..	£1,072,225
Sum represented by a penny rate ... ..	£4,053

The new valuation list came into force on 1/4/63 and as a result the rateable value of the district increased from £395,695 in 1962 to well over one million pounds with a penny rate bringing in over £4,000 as compared with £1,591 in 1962.

### POPULATION

The Registrar General's estimate of the population at mid-year 1963 was 30,740 being an increase of 550—indeed over the past two years the population has increased by 1,260. I think this increase is due partly to the recent development of Dalston as a residential area and to the continued employment of a considerable technical staff at Spadeadam who reside chiefly in Brampton.

The following table gives the population figures for the past 10 years:—

1954 ...	29 940	Civilian and Service Personnel
1955 ...	30.040	Civilian and Service Personnel
1956 ...	29.980	Civilian and Service Personnel
1957 ...	29.440	Civilian and Service Personnel
1958 ...	29,990	Civilian and Service Personnel
1959 ...	30.660	Civilian and Service Personnel
1960 ...	29 650	Civilian and Service Personnel
1961 ...	29.480	Civilian and Service Personnel
1962 ...	30.190	Civilian and Service Personnel
1963 ...	30,740	Civilian and Service Personnel



Agricultural and Dairy farming continue to be the main industries in the district. Spadeadam rocket testing site continues to employ a considerable technical staff and the large railway marshalling yard in the Kingmoor/Cargo area is a valuable contribution to employment as also is the very large R.A.F. Maintenance Unit in the same area. In my 1962 report I omitted to mention the establishment of the large Nestles factory in Dalston. This factory which is mainly concerned with the making of dried milk products commenced production in May, 1962, and by the end of 1963 employed 190 people.

The rural area, I am glad to say, remained comparatively free of unemployment problems during 1963.

### VITAL STATISTICS

#### Births:

(a) Live Births				Males	Females	Total	Rates
Legitimate	...	...		262	223	485	
Illegitimate	...	...		14	15	29	
				—	—	—	
Total				276	238	514	
				—	—	—	

Birth Rate per 1,000  
of Population (Crude  
Rate) ... .. 16.7

Birth Rate corrected by  
comparability factor  
of 1.12 ... .. 18.7

Illegitimate Live Births  
(% of total Live Births) ... .. 5.6%



**(b) Still Births**

Legitimate	...	...	4	7	11
Illegitimate	...	...	1	—	1
			<hr/>	<hr/>	<hr/>
Total			5	7	12
			<hr/>	<hr/>	<hr/>

Rate per 1,000 total births (Live and Still)	22.8
The rate in 1962 was...	21.8
England and Wales rate for 1963 ... ..	17.2

**Deaths:**

	Males	Females	Total	Rates
Deaths at all ages ...	233	219	452	
Crude Death rate per 1,000 of population ...				14.7
Death rate corrected by comparability factor of 0.98 ... ..				14.4
Maternal Deaths ... (including puerperal causes)				Nil
Maternal Mortality Rate per 1,000 total births...				Nil
England and Wales rate				0.28

**Deaths of Infants under 1 year:**

Legitimate	...	...	7	5	12
Illegitimate	...	...	1	—	1
			<hr/>	<hr/>	<hr/>
Total			8	5	13
			<hr/>	<hr/>	<hr/>

**Infantile Mortality Rate:**

per 1,000 Live Births	...	...	...	...	25.3
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### Neonatal Mortality:

Deaths in first month per 1,000 live births	...	21.4
England and Wales rate 1963	... ..	14.2

### Perinatal Mortality:

Still births and deaths in first week per 1,000 live and still births	... ..	40.0
England and Wales rate 1963	... ..	29.3

The following table, showing the vital statistics for England and Wales and certain groups in the County of Cumberland for the year, 1963, is given for comparison.

	Crude Birth Rate	Crude Death Rate	Infantile Mortality Rate
England and Wales	18.2	12.2	20.9
Administrative County of Cumberland	17.7	12.5	22.0
Urban Districts of Cumberland (in- cluding Workington and White- haven)	16.8	11.7	15.0
Rural Districts of Cumberland	18.2	13.1	26.3
BORDER RURAL DISTRICT— CRUDE RATES	16.7	14.7	25.3
BORDER RURAL DISTRICT— CORRECTED RATES	18.7	14.4	25.3

### Infantile Mortality.

There were 13 deaths of infants under one year of age (15 in 1962) giving an Infantile Mortality rate of 25.3 per 1,000 live births compared with a rate of 29.8 in 1962. The rates in the administrative County of Cumberland and England and Wales respectively for 1963 were 22.0 and 20.9

Of the 13 deaths, 8 were boys and 5 girls, and it will be noted that Prematurity and Congenital defects, as usual, were the main causes of death.

Nine of the babies died in the Hospital where they were born and while 11 of the total deaths occurred within 4 weeks of birth, 8 actually died within 24 hours of birth.

The Neonatal Mortality rate (i.e., deaths occurring under 4 weeks of age per 1,000 live births), was 21.4 compared with a National rate of 14.2.

The Perinatal rate (i.e., still births and deaths under one week of age per 1,000 total live and still births) was 40.0 compared with the National rate of 29.3.

The above two rates are considered valuable indications of:—

- (a) adequacy of antenatal care; and
- (b) a sufficiency of maternity beds serving the area.

It is on these points and possibly other unknown factors that the reduction of still births and early infant deaths will depend.

# Details of Deaths of Infants under 1 year of age, 1963

	Age in Weeks				Total under 4 Weeks	Age in Months				Total Deaths
	Under 1 Week	1-2	2-3	3-4		1-2	2-3	3-6	6-9	
Prematurity ...	4	—	—	—	4	—	—	—	—	4
Congenital Defects ...	3	—	—	—	3	—	—	—	—	3
Birth Trauma ...	1	—	—	—	1	—	—	—	—	1
Broncho Pneumonia ...	—	2	—	—	2	—	—	1	—	3
Viral Respiratory Infection ...	—	—	—	—	—	—	—	1	—	1
Toxic Hepatitis ...	1	—	—	—	1	—	—	—	—	1
TOTALS	9	2	—	—	11	—	—	1	1	13

### Infantile Mortality Rate 1950-63

Year	Border Rural District		Infantile Mortality Rate	
	Population	Total Deaths	Border R.D.	England and Wales
1950	29,220	27	35.9	29.8
1951	28,720	8	17.6	29.6
1952	30,200	12	28.2	27.6
1953	30,070	8	18.8	26.8
1954	29,940	16	37.4	25.5
1955	30,040	9	20.5	24.9
1956	29,980	13	30.9	23.8
1957	29,440	8	17.7	23.0
1958	29,990	12	26.0	22.5
1959	30,660	10	21.6	22.0
1960	29,650	12	22.3	21.7
1961	29,480	9	19.7	21.4
1962	30,190	15	29.8	21.4
1963	30,740	13	25.3	20.9

### Maternal Mortality

It is again satisfactory to report that there were no maternal deaths in 1963 and it is 9 years since such a death occurred in the area.

### Cancer Mortality

According to the Registrar General's figures there were 63 deaths from all forms of Cancer, equivalent to 13.9% of all deaths and a rate of 2.0 per thousand of population. These figures compare with 17% of all deaths and a rate of 2.1 per thousand of population in 1962. In other words the incidence of Cancer deaths was practically the same as in 1962. As pointed out last year the percentage of Cancer deaths to all deaths in the Border District area has usually remained below the National rate, which in 1963 for England and Wales was 17.9% giving a rate of 2.2 per thousand of population.

Deaths from most forms of Cancer are still tending to increase in the Country and particularly so in the case of Lung Cancer. In the Border area there were 15 deaths from

this condition in 1963, compared with 11 in 1962, 14 of these deaths being males and only one female.

Deaths from all forms of Cancer in England and Wales exceeded 100,000 in a single year for the first time in 1962 and of this total 23% (23,779) were due to Cancer of the lung. In 1963 a total of 102,280 Cancer deaths were recorded and of this number 24,422 were due to Lung Cancer equal to 23.9% of all Cancer deaths, an increase of 643 over the 1962 figure.

In my 1962 report I stated that heavy cigarette smoking of the order of 20 or more a day is a most definite factor in the causation of Lung Cancer, but in the light of more recent evidence it would seem that even 10 to 15 cigarettes a day might be dangerous. Indeed Professor Alexander Haddow, an expert on this subject, believes that there is no threshold below which there is no risk from cigarettes.

The average age at death of males from all forms of Cancer was 65.1 years, while that of females was 68.1 years, which is a reversal of what occurred in 1962 so far as the sexes are concerned. The age range in males was 35 to 91 years, 12 being below the age of 60 years, while in the case of females the range was 46 to 91 years, 9 being below the age of 60.



## Location of Disease

Alimentary System							Males	Females
Oesophagus	...	...	...	...	...	...	1	—
Stomach	...	...	...	...	...	...	6	4
Bowel	...	...	...	...	...	...	3	2
Pancreas	...	...	...	...	...	...	—	2
Liver	...	...	...	...	...	...	—	1
Reproductive System								
Breast	...	...	...	...	...	...	—	8
Uterus	...	...	...	...	...	...	—	3
Ovary	...	...	...	...	...	...	—	3
Genito-Urinary System								
Prostate	...	...	...	...	...	...	2	—
Bladder	...	...	...	...	...	...	3	—
Testes	...	...	...	...	...	...	1	—
Respiratory System								
Lung and Bronchus	...	...	...	...	...	...	14	1
Lymphatic System								
Lympho-sarcoma	...	...	...	...	...	...	2	1
Other Sites								
	...	...	...	...	...	...	2	4
							—	—
Total							34	29
							—	—

## **Deaths from all causes**

The deaths recorded in 1963 totalled 452, being an increase of 77 over the previous year giving a crude death rate of 14.7 per thousand of population and a corrected rate of 14.4. This compares with a rate of 12.4 in 1962 and an England and Wales rate of 12.2 for 1963, while that of the County of Cumberland was 12.5. Of the total deaths registered in the area 75 were patients in Garlands Hospital representing 16.4% of all deaths in the area, practically the same as in 1962 when it was 16.5%.

## **Diseases of the Heart and Circulatory System**

Deaths from conditions under this heading totalled 198, equal to 43.5% of all deaths in the area as compared with 42.9% in 1962. Deaths from all forms of heart disease have always been at a higher level in the Border area than in the Country generally due to the fact that a much higher percentage of such deaths occur in patients in Garlands Hospital, e.g., in 1963, of the 75 deaths in Garlands 48% were due to heart disease. Deaths from Coronary Heart Disease and Angina totalled 89 as compared with 76 in 1962 and 56 in 1961. Such deaths have been increasing each year in the Country generally.

## **Vascular Lesions of the Nervous System**

Cerebral Haemorrhage and Thrombosis accounted for 78 deaths, equal to 17.3% of all deaths as compared with 14.4% in 1962. This percentage figure is much nearer the National average than in previous years.

## **Cancer Deaths**

I have already indicated that there were 63 deaths from all forms of Cancer, equal to 13.9% of all deaths which is a definite decrease over the figure of 17.6% recorded in 1962 and is well below the rate for England and Wales.

**Diseases of the Respiratory System** accounted for 38 deaths, equal to 8.4% of all deaths which is a little up on the previous year but still lower than the National average.

**Deaths from Motor Vehicle Accidents** amounted to 7, being one more than in 1962, while all other accidents accounted for 13 deaths, two more than in 1962. There has been a definite increase in such deaths over the past number of years. Many occur in the home, particularly in the elderly through accidental falls, but many also occur in young children through carelessness on the part of parents and children. A high proportion of such deaths, especially in young children, are preventable and talks to Mothers are given by Health Visitors in Clinics where also suitable posters are exhibited pointing out such dangers and how to prevent them. One important point stressed in such talks and posters is the use of non-inflammable night wear. Many unfortunate accidents, not necessarily resulting in death but in serious disability, could thus be avoided.

#### **Deaths from Suicide**

It is regrettable to report that there were 4 such deaths, two of each sex, as compared with one in 1962.

# Age at Death — All Causes, 1963

	Under 1 yr.	1—4	5—9	10—14	15—19	20—24	25—29	30—34	35—39	40—44	45—49	50—54	55—59	60—64	65—69	70—74	75—79	80—89	90 & over	Total
Males	8	—	—	—	4	—	1	1	2	6	1	13	28	29	20	34	37	46	3	233
Females	5	—	—	—	—	—	2	—	—	2	3	7	8	19	21	41	37	67	7	219
Total	13	—	—	—	4	—	3	1	2	8	4	20	36	48	41	75	74	113	10	452

Note: 69.2% of deaths were in age group of 65 years and over while 43.5% were 75 years and over at time of death.

## Causes of Death as given by the Registrar General, 1963

					Male	Female	Total
1.	Tuberculosis—Respiratory	...	...	...	—	—	—
2.	Tuberculosis—Others	...	...	...	—	—	—
3.	Syphilitic Disease	...	...	...	—	—	—
4.	Diphtheria	...	...	...	—	—	—
5.	Whooping Cough	...	...	...	—	—	—
6.	Meningococcal Infection	...	...	...	—	—	—
7.	Acute Poliomyelitis	...	...	...	—	—	—
8.	Measles	...	...	...	—	—	—
9.	Other Infective and Parasitic Diseases	...	...	...	—	—	—
10.	Malignant Neoplasm, Stomach	...	...	...	6	4	10
11.	Malignant Neoplasm, Lung, Bronchus	...	...	...	14	1	15
12.	Malignant Neoplasm, Breast	...	...	...	—	8	8
13.	Malignant Neoplasm, Uterus	...	...	...	—	3	3
14.	Other Malignant and Lymphatic Neoplasms	...	...	...	14	13	27
15.	Leukaemia, Aleukaemia	...	...	...	—	—	—
16.	Diabetes	...	...	...	1	1	2
17.	Vascular Lesions of Nervous System	...	...	...	31	47	78
18.	Coronary Disease, Angina	...	...	...	61	28	89
19.	Hypertension with Heart Disease	...	...	...	5	9	14
20.	Other Heart Disease	...	...	...	33	46	79
21.	Other Circulatory Disease	...	...	...	9	7	16
22.	Influenza	...	...	...	2	2	4
23.	Pneumonia	...	...	...	11	13	24
24.	Bronchitis	...	...	...	6	5	11
25.	Other Diseases of Respiratory System	...	...	...	2	1	3
26.	Ulcer of Stomach and Duodenum	...	...	...	2	—	2
27.	Gastritis, Enteritis and Diarrhoea	...	...	...	1	2	3
28.	Nephritis and Nephrosis	...	...	...	3	—	3
29.	Hyperplasia of Prostate	...	...	...	2	—	2
30.	Pregnancy, Childbirth, Abortion	...	...	...	—	—	—
31.	Congenital Malformations	...	...	...	3	1	4
32.	Other Defined and Ill-Defined Diseases	...	...	...	11	20	31
33.	Motor Vehicle Accidents	...	...	...	7	—	7
34.	All Other Accidents	...	...	...	7	6	13
35.	Suicide	...	...	...	2	2	4
36.	Homicide and Operations of War	...	...	...	—	—	—
					233	219	452



## **GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA**

### **Laboratory Services**

As in previous years these services continue to be provided by the Public Health Laboratory Service at the Cumberland Infirmary under the direction of Dr. J. S. Faulds, Consultant Pathologist, and Dr. D. G. Davis, Consultant Bacteriologist. I would again record my grateful thanks for their advice and help given so freely in the past year.

### **Ambulance Facilities**

As reported in my 1962 report the Ambulance Service in the East Cumberland area, which covers the Border and Penrith Rural Districts, was replaced by a directly operated service with central bases in Carlisle and Penrith; this included all ordinary ambulance services as well as sitting car cases. On the 1st May, 1963, Mr. M. F. Smith was appointed County Ambulance Officer, which in the words of Dr. Leiper in his annual report of 1963 "marked a most important stage in the development of the service". Again quoting from Dr. Leiper's annual report, "in East Cumberland a new ambulance station is planned for Halfway House, Penrith, and it is hoped that as many of the services as possible will be used jointly with the County Fire Service there."

### **Nursing in the Home**

The County Council, as the Health Authority for the area, provide all the necessary services and there are now four District Nurse/Midwives, nine District Nurse/Midwives who also work as Health Visitors and in addition there are two full time Health Visitors, one each in the Longtown and Brampton areas. There are 113 Home Helps in the Northern area of the County which comprises the Border, Wigton, Penrith and Alston Rural areas as well as Penrith Urban. Of this number 40 are employed in the Border area.



There is no doubt that this service is one of increasing importance, but in a Rural area it is certainly more difficult to provide the necessary numbers owing to the scattered nature of the area.

### **Clinic and Treatment Centres**

No marked changes took place during 1963 with the exception that a Child Welfare Clinic was started in the village hall at Dalston.

Child Welfare and Immunisation Clinics were held at the following places:—

Brampton—1st and 3rd Friday of the month, 2-4 p.m.

Carlisle—2nd and 4th Wednesday of the month, 2-4 p.m.

Houghton—2nd and 4th Wednesday of the month, 2-4 p.m.

Wetheral—2nd and 4th Thursday of the month, 2-4 p.m.

Scotby—1st and 3rd Thursday of the month, 2-4 p.m.

Longtown—2nd and 4th Thursday of the month, 2-4 p.m.

(In the Dental Clinic, Esk Street, Longtown)

Any school children who require to be seen in the Brampton Clinic are referred specially by the headmaster or mothers and seen prior to the Child Welfare Clinic.

The Health Visitor of the district attends each of the above clinics, and once a month a Medical Officer is in attendance. At Brampton there is a very active mothers' club run by the Health Visitor and this has proved of great value to all concerned.

At the Carlisle Clinic, 14 Portland Square, Eye, Ear, Nose and Throat, Orthopaedic, Child Guidance and Speech Therapy Clinics are held at regular intervals.

Dental Sessions are also held at Brampton, Carlisle and Longtown every week.

## SANITARY CIRCUMSTANCES OF THE AREA

### Water Supplies

All water undertakings in the Border area are now under the control of the Carlisle City Authority, Mr. D. G. Millroy being the Water Engineer, but as M.O.H. of your Council I have still certain responsibilities with regard to water supplies. I would again say that during the past year I have always had the greatest help and co-operation from Mr. Millroy when any difficulties regarding water supplies were raised and I am indebted to him for the following table and also for permission to quote from his annual report which covers the period from the 1st April, 1963, to the 31st March, 1964.

### ANALYSIS OF WATER SAMPLES DURING THE YEAR 1963/64

Source of Sample	No. of Samples Taken	Satis- factory	Suspicious	Unsatis- factory	Percentage of Satisfactory Samples taken
Cumwhinton Storage	51	51	—	—	100%
Cumwhinton Works	51	51	—	—	100%
Castle Carrock Raw	14	2	—	12	16.6%
Castle Carrock Final	51	51	—	—	100%
Crew Fell Final	18	17	1	—	95%
Cowran Cut	17	13	1	3	76%
Cumwhitton	16	13	—	3	81%
Brampton	17	16	1	—	94%
Banks	18	14	1	3	78%
Longtown	17	14	2	1	82%
Hethersgill	17	17	—	—	100%
Walton	17	12	3	2	71%
Low Row	18	13	2	3	72%
Hallbankgate	18	15	1	2	83%
Roughton Gill	15	14	—	1	93%

From the above table it will be noted that a total of 355 samples were taken for bacteriological examination including the City and Rural District. A considerable area of the Border District has always been supplied from water provided by the City Authority and this supply has always been generally excellent: the standards of samples obtained from the Rural Supplies are considerably improved on the figures obtained during the previous year. The Crew Fell supply, as finally supplied to the consumer, has improved bacteriologically from 50% to 95% purity following the introduction of the new treatment plant. As Mr. Millroy states in his report, "many of the Rural Supplies are extremely vulnerable to contamination in the absence of filtration and chlorination and it is only by constant attention that contamination is kept to a minimum".

I again quote from Mr. Millroy's report—"Consideration was given during the year to the difficulties experienced in the Warwick Bridge/Corby Hill and Warwick areas and also the proposed housing development by the Border R.D.C. at Warwick Bridge. This special circumstance was the subject of a report to the Water Committee by me in November, 1963, and as a result of this a loan sanction was obtained for the laying of a 6" P.V.C. water main from Streethouse to Corby Hill and a 4" water main connecting Warwick Bridge with Corby Hill supply so that the whole of this area is fed via the Cowran tank with Castle Carrock water".

Under the heading of "Future Proposals" Mr. Millroy states in his report as follows:—

"The scheme for the improvement of the water supplies to the North and Eastern area, first reported to this Committee in November, 1961, has been delayed over the past 12 months by certain administrative requirements which the Ministry of Housing and Local Government wish to be complied with before the local inquiry into the scheme can be held. These

requirements were planning permission and land acquisition, and whereas the former has been determined, the latter at the time of writing this report has not yet been settled. Until all sites can be acquired by agreement no further progress can be made on this scheme.

“One encouraging aspect of negotiations so far has been the decision of the Cumberland County Council to match the grant of the Ministry up to a figure of sixteen thousand pounds per annum under the Rural Water and Sewage Acts.”

### **Fluoridation of Water Supplies**

Again quoting from Mr. Millroy's report on above subject the following is an extract:—

“During the year consideration was given to Circular 37/63 issued by the Ministry of Housing and Local Government in regard to the Water Authorities obligations and considerations in regard to the fluoridation of water supply. The Water Committee also considered other documents issued by the Ministry of Health, the National Pure Water Association, together with advice given by the British Waterworks Association. The Health Committee of the City Council had also been giving active consideration to the recommendations from the Ministry of Health and it was left for the City Council in July 1963, to consider the two conflicting resolutions, one from the Health Committee recommending fluoridation of water supplies and the other from the Water Committee recommending no action to be taken in the matter unless and until legislation is introduced by Parliament to compel Water Undertakers to add fluoride to the water supplied by them. The City Council decided in favour of the Water Committee recommendation.”

With regard to fluoridation of water supplies this was discussed at the Health Committee Meeting of the Border Council in January, 1963, following on a report which I sub-



mitted to the Committee the previous month. In this report I strongly recommended that the Border Council should support the Carlisle City Health Committee in any scheme of fluoridation of water supplies, but it was decided that no action should be taken.

I would like to add one final point in Mr. Millroy's report and quote as follows:—

“Whilst the difficulties in supply and distribution have during 1963/64 been relatively small it must be borne in mind that minor breakdowns in the Rural supply and distribution system do create widespread interruptions and inconvenience to consumers. A single service running to waste over night will empty the service reservoir for the area and the system may take several days to recover. I had hoped that this year's report would contain some definite progress on the North and Eastern scheme as only when this scheme is completed can it be said that the Rural areas will enjoy the pure, wholesome and reliable supply now afforded to the 40 square miles of the City and immediate surrounding area fed from the Cumwhinton Reservoir.”

## **SEWERAGE**

I am indebted to Mr. W. Skerry, Engineer and Surveyor, for the following report on sewerage and certain housing matters:—

### **Rockcliffe Sewerage and Sewage Disposal**

Completion of this scheme was effected by the middle of June, 1963, and was available for connections from properties thereafter.

### **Dalston Sewage Disposal Works**

Modifications to this new plant were completed by July. Since this time an improved effluent has resulted.

The question of sludge disposal is still not satisfactory and proposals are still awaited from the Consultants.

### **Durdar Sewer Extensions**

This work has been satisfactorily carried out and completed in July, and by the end of the year, the majority of houses in this locality were connected to the new sewer.

### **Warwick Bridge Area Sewerage Scheme**

Following considerable delays to this proposed scheme, largely due to land acquisition and delays at the Ministry, approval to go to tender was received in October, 1963.

Detailed drawings are in hand together with Bills of Quantities and Specification and it is hoped to go to tender in the Spring of next year, 1964. In point of fact at the time of writing this report work has commenced and is already progressing.

### **How Sewerage and Sewage Disposal**

Preparation of a scheme for this hamlet was completed and tenders invited, and work was started on the construction thereof in September, 1963.

Completion of the scheme is expected about the Spring of 1964.



## **New Housing**

New houses erected by private enterprise

(a) Number approved during the year ... 94

Number completed during the year ... 200

Number under construction at the end  
of the year ... ... 79

Alterations and improvements to existing houses

(b) Number approved during the year ... 100

Number completed during the year ... 50

# Notifications of Infectious Diseases, 1963 — Age Groups

Diseases	—1	1—	2—	3—	4—	5—	10—	15—	20—	35—	45—	55—	65—	Age Un- known			T	AH	D
Measles ...	9	9	30	37	26	130	15	5	1	—	—	—	—	9	—	271	—	—	—
Pneumonia ...	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—
Puerperal Pyrexia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Whooping Cough ...	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—
Food Poisoning ...	—	—	—	1	—	2	2	1	—	—	—	—	—	—	—	6	4	—	—
	9	9	30	38	26	134	17	6	1	—	—	—	—	10	—	280	4	—	—

Key T — Total

AH — Admitted to Isolation Hospital

D — Death

# Notifications of Infectious Diseases, 1946-63

	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Measles ...	48	115	201	269	42	320	86	420	232	196	25	688	8	313	40	571	37	271
Scarlet Fever ...	16	14	28	78	46	16	19	35	18	15	2	3	8	26	9	10	6	—
Whooping Cough	31	20	56	41	58	23	32	44	21	34	31	71	1	—	54	1	7	1
Pneumonia ...	13	12	11	4	9	14	6	5	13	9	17	18	—	16	7	2	2	1
Dysentery ...	6	—	2	—	12	—	4	1	3	10	16	—	40	4	1	9	58	—
Food Poisoning ...	—	—	—	—	—	—	5	2	1	1	4	1	3	2	1	1	—	6
Meningococcal																		
Meningitis ...	1	2	1	—	1	—	2	1	4	—	—	—	1	—	—	—	—	—
Puerperal Pyrexia	3	2	1	1	—	—	4	1	—	—	—	1	1	—	1	1	2	1
Acute Poliomyelitis	—	14	1	1	3	—	5	1	—	—	—	1	1	—	1	1	—	—
Erysipelas ...	2	1	4	1	1	—	—	—	—	—	—	1	1	—	1	—	—	—
Acute Encephalitis																		
Post Infectious	2	1	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
TOTALS	122	181	302	396	172	373	163	519	294	175	99	785	63	361	114	595	112	280

## **PREVALENCE OF, AND CONTROL OVER INFECTIOUS DISEASES**

Notifications of Infectious Diseases totalled 280 compared with 112 in 1962.

### **Measles**

A total of 271 cases was notified compared with 37 in 1962. This marked increase in Measles notifications was fully expected, as in accordance with long experience Measles epidemics occur in the Country generally every second year and 1963 was expected to be an epidemic year. The table giving Notifications of Infectious Diseases from 1946 to 1963 shows this trend quite definitely, but it is even more marked when the figures for the Country as a whole are considered and these are given below for the years 1959 to 1963.

#### **Measles notifications for England and Wales**

1959	...	...	...	531,856
1960	...	...	...	157,936
1961	...	...	...	762,931
1962	...	...	...	178,600
1963	...	...	...	602,803 (uncorrected)

In my 1962 report I mentioned the possibility of the introduction of an Anti-Measles vaccine comparable with that for Whooping Cough and Poliomyelitis. In 1963 out of a total of over 600,000 cases of Measles 126 deaths occurred (provisional) and whether it is justifiable to introduce mass vaccination within the first year of life is extremely doubtful, particularly as at present Measles vaccine can cause quite acute reactions. There is no doubt that in certain areas outside Britain vaccination would be a most important Public Health preventive measure, but I very much doubt if this would apply to our own country. It is highly probable of course that a vaccine will eventually be prepared which does

not cause any undue symptoms and, therefore, would be more acceptable for general use. In this respect I would quote from a recent article in the British Medical Journal as follows:—

“In Great Britain at the moment it is not necessarily logical to say, ‘We can produce a vaccine; let us therefore use it’.”

### **Scarlet Fever**

No case of Scarlet Fever was notified during 1963. This disease has become so slight over the past 20 years that in many cases the General Practitioner is not called and therefore no notification is made. By arrangement with Dr. Davies, the Bacteriologist at the Cumberland Infirmary, however, all swabs sent in which prove to be positive to the presence of Haemolytic streptococcus are notified to me and followed up, particularly where it is found that such patients are connected with food handling or are school children. Such people are excluded from work and school until negative swabs are obtained.

It is interesting to report that of 17,261 Scarlet Fever notifications made during 1963 only 2 deaths were recorded while 8 deaths were certified as due to Streptococcal sore throat which is not a notifiable condition.

### **Whooping Cough**

Only one case of Whooping Cough was notified during the year, although I feel fairly certain that quite a number of modified cases did occur without reference to their own doctors. This is further proof of the efficacy of the giving of the triple vaccine in early infancy. The vaccine protects against Whooping Cough, Diphtheria and Tetanus. During the year 414 infants and school children were given primary doses of the vaccine and 66 older children were given booster injections.



## **Pneumonia**

Only one case of Primary Pneumonia was notified as compared with two in 1962, but according to the Registrar General there were in fact 24 deaths from Pneumonia, but I would point out that not all forms of Pneumonia are notifiable hence the apparent discrepancy.

## **Food Poisoning**

Six cases were notified, all being due to the Salmonella Typhi-murium organism; this was an isolated outbreak affecting one family. The first case concerned a male child aged 3 years who was reported to have positive stools to Salmonella Typhi-murium and was admitted to the Cumberland Infirmary on the 21st September having taken ill on the 18th September with very acute symptoms of sickness, diarrhoea and a temperature. Subsequently three siblings of the same family aged 19, 14 and 10 years were admitted to the Cumberland Infirmary (Isolation Block) on the 24th with similar symptoms, although less acute. On investigation it was found that two sisters aged 19 years and 17 years worked in a factory in Carlisle where chickens were prepared for sale and it was suspected that the infection originated from this source. Fuller investigation of the whole family disclosed the fact that two other members were discharging the same organism and all of school age were excluded from school. The two girls who were found to be infected and worked in the factory were kept off work for a period of nearly six weeks until known to be free of infection. Compensation in accordance with the Public Health Regulations was paid to these two girls for the period of enforced loss of work. All members of the family, 11 in number, were kept under supervision for this period.

Apart from the above definite cases which occurred in the Border area one other case of Salmonella Typhi-murium infection was reported in a child attending Gilsland School,



which is in the Border R.D.C. area, but on investigation the child was found to live on the East side of Gilsland, i.e., in Northumberland. In view of the fact, however, that she did attend a school in the Border area a very thorough investigation was carried out with entirely negative results so far as the Border area was concerned. Close liaison was maintained between the two Authorities and I am glad to say that no cases occurred in the Border District from this source of infection.

### **Puerperal Pyrexia**

Only one case was notified but it was not necessary to admit her to hospital. I would again point out that Puerperal Pyrexia covers any febrile condition occurring in a woman in whom a temperature of 100.4° F. or more has occurred within 14 days after child birth or miscarriage. Such cases nowadays respond extremely well to antibiotic treatment and are not the problem they were 20 to 30 years ago.

### **Dysentery**

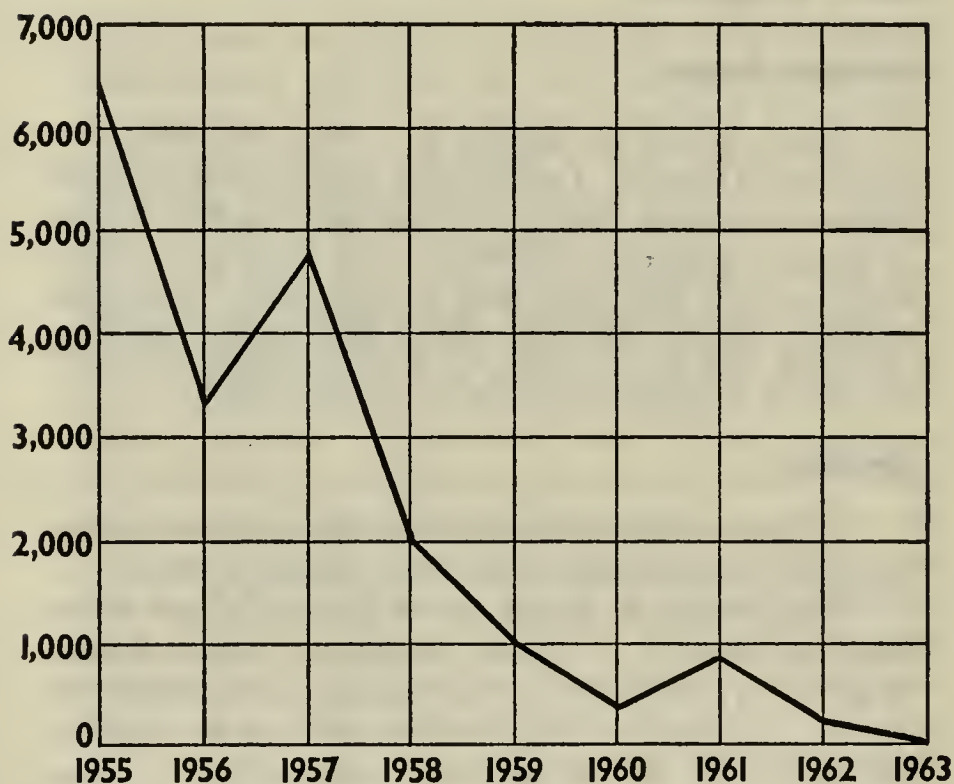
Strange to relate no case of Sonnei Dysentery was notified during the year although 58 cases were notified in 1962.

This disease, as pointed out in previous reports is one which is endemic in the country, but unless a sample of stools is sent in for examination no firm diagnosis can be made. The disease is generally a fairly mild one but can be extremely troublesome in its infectiousness, particularly if it gains entrance to a school or to a closed community such as a Children's Home. The essential preventive measure is 100% personal and lavatory hygiene.

### **Poliomyelitis**

It is pleasing to report that no case has occurred in the Border area since 1957, but one case was notified in the County of Cumberland during 1963.

The total notifications for Poliomyelitis in England and Wales in 1963 amounted to 78 (uncorrected) and of this number 7 died. These figures are the lowest ever recorded since notification began in 1912. The following graph, which shows the incidence of Poliomyelitis notifications for England and Wales from 1955 to 1963, is most illuminating and shows in a very graphic form how effective the Poliomyelitis vaccination campaign has been.



In 1947 8,792 cases were notified which was in fact a bad year, but the above graph shows how markedly the fall has been maintained since.

The following table shows the actual number of cases vaccinated during the year in their various age groups and not as in previous years the total number vaccinated since the introduction of Poliomyelitis Vaccination.

# **Poliomyelitis Vaccinations — Year 1963**

	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1933 to 1943	1920 to 1932	Others	Total
Had 2																								
Injections	18	59	24	23	4	—	—	2	—	—	—	—	—	—	—	4	14	4	—	—	13	9	1	175
Had 3																								
Injections	67	198	141	51	28	18	14	13	2	2	4	2	5	2	1	5	19	5	—	6	95	56	69	803
Had 4																								
Injections	1	7	4	9	11	69	82	25	10	19	14	15	10	4	2	1	—	—	—	—	4	—	—	287
	86	264	169	83	43	87	96	40	12	21	18	17	15	6	3	10	33	9	—	6	112	65	70	1625

## Smallpox

No case or known contact occurred in the district during the year. It was mentioned in my 1962 report that the Ministry of Health recommended that primary vaccination should be carried out preferably in the second year of life rather than earlier as was previously the custom. This recommendation was made in the proved knowledge that primary vaccination in earlier and in adult life may cause serious illness or even death.

### Vaccination Against Smallpox

	—1 yr.	1 yr.	2-4 yrs.	5-14 yrs.	15+ yrs.	Total
Primary ...	292	21	4	3	6	326
Revaccinations ...	—	—	—	5	4	9

There was in fact a considerable fall in vaccinations during 1963, but this was no doubt due to the Ministry's advice mentioned above and to the fact that there were no outbreaks of Smallpox in the country in 1963.

## Diphtheria

For the fifteenth successive year no case of Diphtheria has occurred in the district and it is now 17 years since a death occurred from this disease in the Border area.

In 1963, 45 (uncorrected) notifications of Diphtheria were received in England and Wales as compared with 19 verified cases in 1962. There were two recorded deaths of Diphtheria, the same as in 1962.

The incidence of Diphtheria has fallen steadily since immunisation was introduced in 1940 and is now only 1/1500 of the level of 1938, when almost 66,000 cases were notified with 2,931 deaths.

During the year the following number of children were immunised in the Border District:—

Primary Immunisations, all ages ... 516

Booster Injections ... ... 582

### Diphtheria — Notifications and Deaths, 1946–1963

Year	England and Wales		Border District	
	Notifications	Deaths	Notifications	Deaths
1946 (Verified Cases)	11,986	472	8	1
1947     "      "	5,609	244	—	—
1948     "      "	3,575	156	3	—
1949     "      "	1,890	84	—	—
1950     "      "	962	49	—	—
1951     "      "	664	33	—	—
1952     "      "	376	32	—	—
1953     "      "	266	23	—	—
1954     "      "	173	9	—	—
1955     "      "	155	13	—	—
1956     "      "	51	8	—	—
1957     "      "	37	6	—	—
1958     "      "	79	8	—	—
1959     "      "	102	—	—	—
1960     "      "	53	5	—	—
1961     "      "	52	9	—	—
1962     "      "	19	2	—	—
1963 (Uncorrected)	45	2	—	—

### Tetanus Immunisation

Immunisation with Tetanus Toxoid was carried out in Clinics and Schools and during the year a total of 450 children received primary immunisations and 531 booster injections. Over all, this is a distinct improvement on previous years.



## Tuberculosis

The following table gives particulars of new cases added to the Register and of deaths from Tuberculosis during 1962:—

	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0— 1 year	—	—	—	—	—	—	—	—
1— 5 years	—	—	—	—	—	—	—	—
5—15 years	—	—	—	—	—	—	—	—
15—25 years	—	—	1	—	—	—	—	—
25—35 years	1	—	1	—	—	—	—	—
35—45 years	1	—	—	—	—	—	—	—
45—55 years	2	2	—	1	—	—	—	—
55—65 years	3	—	—	—	—	—	—	—
65 upwards	—	—	—	—	—	—	—	—
	7	2	2	1	—	—	—	—

Of the 12 cases added to the Register five were inward transfer cases, i.e., cases already notified elsewhere in the Country but who had moved into the Border area during the year.

Four of the 7 new cases notified referred to males and were all due to respiratory infection and of the 3 new female cases 2 affected the lungs and one was a glandular infection. Six of the new cases were admitted to Hospital for treatment and only one remained at home under treatment by his own doctor, although still under the supervision of Dr. W. H. Morton, Consultant Chest Physician for the area.

It will be noted from above table that no deaths were recorded, but actually there were two deaths of persons

suffering from Pulmonary Tuberculosis. One, a man of 61 years, died from Coronary Thrombosis and Tuberculosis but he had not been notified as a case prior to death. The other was also a male aged 56 years who, although notified and on the Tuberculosis Register, was recorded as dying primarily of Cancer of the lung.

During the year the following cases were removed from the register for the reasons stated.

Died	...	...	...	1
Recovered	...	...	...	47

I think the above figure of 47 recovered cases is the largest ever recorded in one year and is an indication of the great advance made in the treatment of this condition over the past 15—20 years.

The following table shows the number of cases on the Tuberculosis Register at 31st December, 1963. The total of 194 shows a decrease of 36 over the 1962 figure.

				Males	Females	Total
Pulmonary	...	...	...	98	69	167
Non-pulmonary	...	...	...	14	13	27
TOTALS				112	82	194

## Prevention of Tuberculosis

### (a) Mass Miniature Radiography Unit.

The Mobile Radiography Unit paid visits within the district to many of the factories and large industrial units. The work done by this very important team of experts is shown in the table below. It will be noted that only one new active case was discovered, although 64 other abnormalities were thus brought to light, not all requiring active treatment however. The total number attending the unit over the whole

of the Rural District area at these special sessions was 2,397 which is about 900 less than in the previous year. I would point out, however, that many people living in the Rural area do attend the permanent unit in Brunswick Street, Carlisle.

I would again thank Dr. Morton and his staff for their great help in the preventive work they carry out through the medium of the Mass Radiography Unit and the very important work at the Chest Centre at the City General Hospital. I would also thank him most sincerely for the very helpful advice which he always so willingly gives.

### Mass Radiograph Unit — Summary of Findings, 1963

	Total Number X-rayed	Active Pulm. T.B.	Inactive Pulm. T.B.	Neo- plasm	Other Abnormal- ities
No. 14 Maintenance Unit	1,301	1	16	1	36
Hadrians Camp (Civilian Staff)	95	—	2	—	4
Cocklakes	223	—	—	—	5
Nestles, Dalston	170	—	—	—	2
Brampton	188	—	1	—	11
Burgh-by-Sands	73	—	2	—	4
Edmond Castle (Staff & Pupils)	84	—	—	—	1
Brampton (Alston Schools)	193	—	1	—	1
Border Rural Schools	70	—	—	—	—
Total	2,397	1	22	1	64

**(b) B.C.G. Vaccination.**

The B.C.G. Vaccination of the 13 and 14 year old age group in the Rural Schools was continued during the year and the following table shows the amount of work this involved. It is interesting to report that since the introduction of B.C.G. Vaccination in this age group of children attending schools in the East Cumberland area, the over-all Mantoux positive percentage has fallen from 24.4% in 1957 to a figure of 9% in 1963. This is undoubtedly a reflection of the great advance made in the treatment and control of positive sputum cases and the efficacy of B.C.G. Vaccination as a method of prevention in the control of Tuberculosis.





**National Assistance Act, 1948 — Section 47**

**National Assistance (Amendment) Act, 1951**

No action was necessary under Section 47 of the above Act, but a considerable number of visits were paid to elderly people in the district, either at the request of the General Practitioner or the District Nurse and as a result two were admitted to hospital and four to County Council Homes.

**REPORT OF THE CHIEF PUBLIC HEALTH**

**INSPECTOR AND HOUSING MANAGER**

**For the Year Ended 31st December, 1963**

To the Border Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my annual report for 1963. As in previous years housing occupied the major portion of the time of myself and my two assistants. This matter is perhaps most in the public eye and is certainly very rewarding and satisfactory work, but the more routine duties in connection with public health and food hygiene are no less important, and I would like to be able to devote much more time to these matters.

I should like to thank my assistants for the way they have carried out their duties during the year and express my appreciation of the support and help I have received from the Medical Officer of Health and, perhaps most important of all, the support given and interest shown by members of the Council.

## HOUSING

### New Building

During the year 236 houses were built, 36 by the Council and 200 privately. Comparison with the previous four years is given below.

Year	Council	Private	Total
1959	52	63	115
1960	46	185	231
1961	59	136	195
1962	4	192	196
1963	36	200	236
Total for 5 yrs.	197	776	973

The 36 houses which the Council completed during the year were at Barras Close, Dalston, and comprised 6 two bed-roomed flats, 5 bungalows, 24 grouped flatlets and a warden's flat. In my section on Housing Management I shall have some remarks to make on this development.

The number completed during the year was below the average of recent years but the Estates Officer informs me that the severe weather at the beginning of the year delayed the commencement of schemes at Brampton and Longtown, part of which under normal circumstances would have been completed in 1963, and 1964 should show a welcome improvement.

At the end of the year 18 flats were under construction at Longtown, 49 houses and flats at Brampton, part of the latter development being in the form of a grouped dwelling of 20 flatlets, and 8 houses at Smithfield, Dalston.

The Council now own 1,146 houses, 964 of which have been built since 1945.

## **Improvement Grants**

### **Discretionary Grants**

	<b>1963</b>	<b>1962</b>
Applications received	35 (47 houses)	21 (22 houses)
Applications approved	35 (47 houses)	21 (22 houses)
Improvements completed	35 (39 houses)	28 (29 houses)
Value of works approved	£44,754	£21,803
Value of grants approved	£17,142	£8,549

### **Standard Grants**

Applications received	50	39
Applications approved	42	36
Improvements completed	25	40

The figures for discretionary grants show an improvement over the previous year and standard grants approved are also slightly up.

Generally, however, much more could be done in the way of house improvement. Last year the Ministry of Housing and Local Government urged authorities to make a systematic approach to the problem and tackle the district by selecting one area at a time and make a direct approach to the owners. Longtown was selected for this experiment and survey work was started in September, 1962.

The following information is given:—

(a) Up to September, 1962.		Approvals	Completions
Discretionary Grants	...	10	9
Standard Grants	...	2	2
		<hr/>	<hr/>
		12	11
		<hr/>	<hr/>
(b) Sept., 1962 — Dec., 1963.			
Discretionary Grants	...	15	8
Standard Grants	...	5	4
		<hr/>	<hr/>
		20	12
		<hr/>	<hr/>

In the same period the Council purchased 7 houses for improvement.

It will be seen that more schemes were approved in a period of 15 months than in the previous 12 years which shows that the method of direct approach can achieve good results.

Approximately 100 houses were visited in connection with this survey, perhaps half of the privately owned houses thought suitable for improvement. It was soon realised that this method of approach entailed a great deal of work, and although most of the owners and occupiers showed a great deal of interest, the inspector concerned had virtually to plan the improvements and submit sketches for the owner's benefit. This work is very rewarding but dealing with 100 houses could well mean three to four hundred visits and the fitting in of the work with many other duties is a limiting factor.

A Government Bill is now in preparation in which some degree of compulsion in the improvement of houses is fore-shadowed. This will inevitably mean a great deal of survey work similar to what has been done in Longtown, and it is difficult to visualise it being possible with the staff available at present.

## **SLUM CLEARANCE**

### **Clearance Areas (Section 42, Housing Act, 1957)**

No new Clearance Areas were declared during the year.

### **Individual Unfit Houses (Section 9 and 16, Housing Act, 1957)**

No notices were served under Section 9 during the year.

Under Section 16 the following action was taken:—

Houses represented as unfit	...	24
Notices served under Section 16	...	24
Demolition Orders made	...	15
Closing Orders made	...	14
Undertaking to carry out works accepted	... ..	1
Closing Orders converted to		
Demolition Orders	...	3
Closing Orders substituted for		
Demolition Orders	...	2
Closing Orders revoked on houses being made fit	... ..	2
Persons displaced from Unfit houses		50
Houses actually demolished	...	26

(Including 16 purchased by Council.)

Any discrepancy revealed by these figures is explained by the "carry-over" of one year to another.



Much slum clearance work remains to be done, as houses not previously included in the programme are rapidly deteriorating into the "unfit" category. The provision of new houses at a faster rate is the only means of improving the position.

### **Overcrowding**

It is not believed that "Statutory Overcrowding" in the district is of great consequence. Cases occasionally come to light which were unknown previously, but generally speaking the Council has relieved serious overcrowding in the district. There are, however, quite a large number of householders who are overcrowded to the extent of not having sufficient bedrooms to secure sex separation of children over the age of 10.

The Council have for many years regarded such families as being in a priority class when allocating houses and whilst it cannot be expected that such cases will disappear, at least they can look forward in a reasonable period to being adequately housed.

### **HOUSING MANAGEMENT**

During the year 70 housing applicants were granted tenancies, 36 of these were in new houses and 34 were to fill vacancies. The number of casual vacancies was lower than in the previous two years and represented 2.9% of the total number of Council Houses. The rate was highest in Longtown where the turnover was 3.8%.

The part played by vacancies in existing houses in meeting the demand in the district is of great importance, especially in determining future building programmes. Over the past three years the new tenancies granted were 216, of which 99 were in new houses and 117 in existing houses.

A turnover of only 2.9% of the existing houses would represent an average length of tenancy of 34 years, but as most of our houses are of post-war construction the percentage of vacancies should rise in future years, unless the population is tending to become even more static.

The lack of mobility of Council house tenants causes some concern as location of industry in new districts is always attended by housing difficulties and tenants who wish to take new jobs elsewhere are often prevented from doing so by the difficulties of newcomers to a district in obtaining houses. I should like to see research done into the possibility of setting up bureaux where tenants wishing to exchange to other areas could register their names with a view to actual exchanges being arranged. Unfortunately, there are authorities who do not take an enlightened view on the subject of tenancy exchanges with other authorities.

When new houses or casual vacancies are being let, the Housing Management Committee take the opportunity of granting transfers wherever possible so that the best use of accommodation can be made. Up to now this has been on a voluntary basis and in only one case (one of gross under-occupation) was any pressure exerted. The number of such transfers during the year was 27, a figure I should like to see very much increased, as far too many houses are not fully occupied. Three mutual exchanges were agreed in the year, one between Council tenants and two between Council tenants and tenants of other authorities.

During the year a review of the housing waiting list was carried out. This is normally done every three years and it gives an opportunity to make an assessment of current housing need in the district. At the time of sending out review forms there were 851 names on the list which, after the review was carried out, was reduced to 566 on 31st May. The number of applicants resident in the district was 471 and of these, excluding those from properties in the slum clearance pro-

gramme, 182 were cases of genuine housing need, i.e., without separate houses at the present time or overcrowded.

An interesting housing scheme was completed during the year at Barras Close, Dalston, where the Council erected a block of 24 grouped flatlets for elderly, partially dependant, persons. Four of the flatlets are for married couples and the remainder for single persons. A warden's flat and tenants' sitting room with other communal facilities were provided in conjunction with the County Welfare Committee. A few teething troubles were experienced, mainly due to the novelty of this type of development so far as this authority is concerned, and although the majority of the tenants are admirably suited to this accommodation, there are a few who have not settled down too well and have expressed a wish to be transferred to other accommodation, preferably to a pensioner's bungalow elsewhere. This seems to have arisen mainly because of the necessity to house people in Dalston from other villages, sometimes miles away and they find it hard to settle down in a new locality.

Visits in connection with the investigation of applicants for Council Houses were 432 and 436 visits were made to estates in connection with tenancy matters.

## **PUBLIC HEALTH**

### **Notices**

Two Statutory Notices were served under the Public Health Acts, and 10 Informal Notices. All the work required was carried out during the year.

The number of occasions when resort to written notice is required is small and a great deal of nuisance abatement is carried out by persuasion. Drainage nuisances occur quite frequently in a district of this nature and increasing concern is felt about pollution of ditches and watercourses. The

sewering of Villages removes nuisances in many cases but this district contains a very high proportion of isolated properties. In recent years many have been provided with septic tanks and much more attention should be given to the cleaning and maintenance of these tanks.

Other nuisances met with were from agricultural silage units and from noise.

### **Drainage and Water Closets**

New drainage schemes and water closets have been provided at 66 premises, 18 of which are to Council sewers and 48 to septic tanks. In addition 26 houses previously draining to septic tanks have now been connected to sewers.

### **Caravans**

Twenty-seven sites were licensed under the Caravan Sites and Control of Development Act, 1960. The majority of the sites were for single caravans for residential purposes. One site only with accommodation for 25 caravans can be described as being for holiday purposes. Thirty-nine visits were made during the year.

The subject of caravan sites continues to be frustrating and unrewarding. Whilst there is a genuine demand for holiday caravans, site operators prefer residential caravans which represent a more constant source of income. In my opinion, however, caravans are a very substandard type of housing and except for transient workers who come into the district on short term contracts, caravans should not be encouraged for permanent living accommodation.

### **Refuse Collection**

No changes were made in the scheme of refuse collection during the year. Collection is by the "kerbside" method which is no doubt the most economical system, but to which



objections are made principally on the grounds of hardship to elderly or infirm persons to whom the task of placing out dustbins is very difficult. It is said too that it is an unhygienic practice, but I do not see the logic of this objection and what is really meant is that most people object to the sight of dustbins standing on the public highway.

Great interest is shown in the paper sack method of collection whereby all refuse is placed in a disposable paper bag and the emptying of the container into the vehicle is avoided. Many authorities have adopted this scheme in the whole or in part of their districts. We have only installed this system in a block of old persons flatlets at Dalston, and there is no doubt that from the point of view of hygiene it is admirable.

The great difficulties attending refuse collection in this area are the distances involved in vehicle running and the fact that so large a proportion of the houses are isolated and not grouped into villages. Many isolated farms place out bins at the end of farm roads. To visualise a "back-door" collection from bins or paper sacks would be an improvement from the point of view of the householders convenience and on grounds of hygiene, but would involve an enormous increase in expenditure and might well double the cost.

One new vehicle of the "fore and aft" tipping type came into use on the 1st January; we have now four of this type and one side loader. The side loader is used as a spare and can be considered obsolete. Its mechanical condition is such that replacement is necessary. The new vehicle has been equipped with a power press for compression of the load, and tests show that up to 25% more refuse can be accommodated than in vehicles without this equipment.

The composition of refuse has changed greatly in recent years and contains a much higher proportion of paper and



tins and a declining proportion of ash. This creates a problem in respect of controlling refuse tips as it takes years for the mass of material to consolidate.

It is in the disposal of refuse where the biggest problems have arisen, especially as it is allied with the public's problem of disposal of large litter such as motor cars and furniture. Our tips are scattered over a large area and keeping them secure against trespassers has proved impossible. We are moving to the stage that in order to keep the countryside tidy, the authority will have to accept this large litter and make arrangements for its disposal.

### Salvage

The amount of waste paper collected and sold was 31 tons 5 cwts., an increase of 10 tons on the previous year. This is a welcome increase, although I feel it is far below the potential of the district. Unfortunately much of the paper received is not acceptable to the merchants and much is in an unmarketable state and has to be burnt.

## STATEMENT OF EXPENDITURE AND INCOME REFUSE COLLECTION AND SALVAGE

Year ended 31st March, 1964

EXPENDITURE:						£	(1962/63)
Wages	...	...	...	...	...	9,397	(£8,333)
Refuse Tips, Rents and Maintenance	...				...	355	( 435)
Vehicles	...	...	...	...	...	4,244	( 3,367)
Advertising	...	...	...	...	...	40	( 25)
Depot (Proportion of Expenses)	...				...	667	( 658)
Other expenses	...	...	...	...	...	666	( 550)
						<hr/> £15,369	<hr/> (£13,268)
INCOME:							
Salvage	...	...	...	...	...	152	( 130)
Miscellaneous Income	...				...	23	( 25)
						<hr/> £175	<hr/> (£ 155)

## **FOOD**

### **Slaughterhouses and Inspection of Meat**

The Meat Inspection Regulations, 1963, came into force on the 1st October. These provide for a revised standard procedure in regard to methods of inspection of meat and also are designed to give effect to the Government's long standing intention to ensure that all meat is inspected before it leaves the slaughterhouse. To help to this end some alteration was made in the requirements as to notice of slaughter. Once inspected all meat is now stamped by the inspector.

One new feature is that charges may now be made for inspection. The object of this is to help authorities meet the cost of 100% meat inspection. The maximum charges are 2/6d. per bovine, 9d. per calf or pig and 6d. per sheep. This authority decided to levy these charges as from the 1st January, 1964

Whilst many authorities have difficulty in providing an adequate meat inspection service, in this area there are only two butchers slaughtering, both in a small way of business and sharing the same slaughterhouse. Meat is also inspected at the slaughterhouse serving the Garlands Mental Hospital. Most of the meat supplied to the district is inspected at the Carlisle Public Slaughterhouse. Meat inspection has not then proved to be a problem of any size in this district, although at times Sunday and holiday working has to be undertaken.

## Inspection of Meat, 1963

	Cattle excluding Cows			Cows	Sheep and Lambs	Pigs
Numbers Inspected	...	...	147	7	324	20
<b>All diseases except Tuberculosis:</b>						
Whole carcasses condemned	...	—	—	—	11	—
Part of organ or carcass condemned		46	7	17	1	
Percentage	...	...	31.29	100	8.64	5
<b>Tuberculosis only</b>	...	...	—	—	—	—
<b>Cysticercus Bovis only:</b>						
Carcass submitted for refrigeration		1	—	—	—	—
Percentage	...	...	0.68	—	—	—

A total of 753 lbs. of meat was condemned.

## MILK AND DAIRIES REGULATIONS, 1959

### Milk (Special Designations) Regulations, 1960.

Twenty-three dairymen are registered as distributors under the above regulations. In addition the public health inspectors act on behalf of the Cumberland County Council in making inspections under the Milk/Special Designations, 1960.

Twenty-six visits were made to premises and samples taken. None of the samples were unsatisfactory.

## FACTORIES ACT, 1961

1. The following details are given of factories in the area and inspections made:—

Premises	Number of			
	Number on Register	Inspec- tions	Written Notices	Occu- piers Pros- ecuted
(i) Premises in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority	6	5	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	78	20	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises) ...	31	7	—	—
<b>TOTAL</b>	<b>115</b>	<b>32</b>	<b>—</b>	<b>—</b>

2. Cases in which defects were found were nil.

3. Under Part VIII of the Act there were no outworkers

### Knackers Yards

There are two licensed Knackers Yards in the district both of which were conducted in a satisfactory manner during the year. Four visits were made.

### Rodent Control

The Council employ a full time rodent operator who carries out treatments on all Council property, devoting

attention principally to refuse tips and sewerage works. He also surveys agricultural properties and carries out treatment where requested.

The operator's services are increasingly in demand for other infestations, such as cockroaches, ants, wasps and even bats.

### **Petroleum Acts**

There are 108 licences to store petroleum spirit in force within the district. A start was made to bring all the installations up to date and revise the licensing conditions. In this connection 88 inspections were made.



## SUMMARY OF INSPECTIONS AND VISITS MADE BY PUBLIC HEALTH INSPECTORS

Visits made to houses under Housing Acts and Public Health Acts	...	...	...	...	...	...	377
Visits made to houses re. proposals for reconditioning	...	...	...	...	...	...	122
Visits made to houses re. dirty conditions	...	...	...	...	...	...	3
Visits made to houses re. Discretionary Grants	...	...	...	...	...	...	208
Visits made to houses re. Standard Grants	...	...	...	...	...	...	173
Visits made to houses re. subsidies under Housing (Financial Provisions) Acts	...	...	...	...	...	...	16
Nuisances	...	...	...	...	...	...	131
Existing drainage systems	...	...	...	...	...	...	180
Proposals for new drainage works	...	...	...	...	...	...	117
New drainage works inspected and tested	...	...	...	...	...	...	126
Watercourses	...	...	...	...	...	...	33
Caravans and Camping Sites	...	...	...	...	...	...	39
Refuse Collection	...	...	...	...	...	...	153
Infectious Disease Inquiries	...	...	...	...	...	...	30
Knackers Yards	...	...	...	...	...	...	4
Public Conveniences	...	...	...	...	...	...	18
Dangerous Buildings	...	...	...	...	...	...	31
Factories Acts	...	...	...	...	...	...	32
Shops Acts	...	...	...	...	...	...	9
Food Premises	...	...	...	...	...	...	45
Ice Cream Premises	...	...	...	...	...	...	13
Milk and Dairies Regulations	...	...	...	...	...	...	26
Meat Inspection	...	...	...	...	...	...	102
Casualty slaughter on Farms	...	...	...	...	...	...	2
Licensed Premises	...	...	...	...	...	...	9
Prevention of damage by Pests Act	...	...	...	...	...	...	3
Litter	...	...	...	...	...	...	6
Petroleum Regulations	...	...	...	...	...	...	88
Visits to Housing Applicants	...	...	...	...	...	...	432
Repairs and Management of Council Houses	...	...	...	...	...	...	436
Other Council Property	...	...	...	...	...	...	20
Commons	...	...	...	...	...	...	1
Graveyards	...	...	...	...	...	...	3
Miscellaneous	...	...	...	...	...	...	39

I am,

Your obedient servant,

JOHN HILL,

Chief Public Health Inspector.



